

Print Name: Steven Amir Parsi
Sid #: 15750622
Snake River Correctional Institution
777 Stanton Blvd
Ontario ,OR 97914
Pro Se Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE STATE OF OREGON

<u>STEVEN AMIR PARSI,</u>)	
)	Case No. 2:18-cv-01970-AC
Plaintiff(s))	
)	PRISIONER CIVIL
)	RIGHTS COMPLAINT
)	
v.)	
)	
<u>BENAVIDEZ,</u>)	JURY DEMAND
)	
<u>GARRET LANEY.</u>)	
)	
Defendant(s))	

I.

I Steven Amir Parsi Plaintiff have no other cases, actions, or appeals, nor have I ever filed any in a United States Court.

II.

I have gone through and completed the institutions grievance process exhausting in house remedies.

III. PARTIES

Steven Amir Parsi

SID# 15750622

777 Stanton Blvd

Ontario, Or 979914

Pro SE Plaintiff.

Mr. Benavidez, a Correctional Officer at Oregon State Correction Institution Salem,
Oregon.

DEFENDANT.

Mr. Garret Laney, Superintendent at Oregon State Correctional Institution Salem, Oregon

DEFENDANT.

IV. STATEMENT OF CLAIMS.

CLAIM 1

My 8th amendment right to be free from cruel and unusual punishment was violated by Correctional Officer Benavidez on 8/6/18 at Oregon state Correctional Institution when he he acted with a wanton amount of force against me the plaintiff. C/O Benavidez grabbed me from behind while I was facing a wall, lifted me off my feet, and drove me face first into the ground. C/O Benavidez's physical assault continued as he

used what I assume was his forearm to grind my face agonizingly against the concrete floor. This part of the assault took place while I was laying prone, saying and doing nothing, with C/o Benavidez on my back. These unprovoked actions by C/O Benavidez are not standard operating procedure. In fact they were so violent that they resulted in me breaking a dental implant while wearing a sports mouth guard, which also broke as a result of officer Benavidez's brutal handiwork. I also obtained swelling and bruises to my head and face in the hours ensuing. This incident happened after I was in compliance to C/O Benavidez's direct verbal order to "stop fighting and face the wall" away from inmate Marco Villarreal SID# 14431659. This was a one sided, approx five to ten second fight, where inmate Villarreal did not get a chance to hit me back. The injuries that I obtained from C/O Benavidez's ruinous violence has caused me on going pain in my mouth. I'm also experiencing anxiety and worry over irreparable damage to my front tooth (i.e. implant) and gum line. The cost to attempt to fix these issues is stressful and burdensome due to the fact that the dentist here at the prison can not fix dental implants and the financial responsibility lies upon me and my family.

SUPPORTING FACTS:

On Aug 6/2018 I was released from OSCI's DSU cell 21, bottom bunk, where I resided with inmate Dakota Miars, top bunk. Upon release I went to OSCI's clothing to be outfitted for general population. While there I attacked inmate Marco Villarreal SID # 14431659, AKA Nino. Inmate Villarreal fell to the ground and appeared to be dazed so I backed off him. At this point I heard C/O Benavidez give me a direct verbal order to stop

fighting and face the wall. I complied, moved further away from inmate Villarreal, and faced the wall. I then waited expecting to be handcuffed behind my back.

C/O Benavidez's stopped to check on inmate Villarreal for a couple seconds. I heard C/O Benavidez say something to the affect of “ Nino are you OK?”. During this time I was still facing the wall.

C/O Benavidez then approached me, grabbed me from behind, lifted me off my feet, and dumped me face first on the ground. This caused me to slam my face on the concrete floor. Once on the ground C/O Benavidez said “you're not going to fu--ing assault my inmates” and then proceeded to smash the back of my head with his forearm so that my face was roughly grinding against the concrete floor. I offered no resistance and stayed silent so I didn't provoke C/O Benavidez.

This slamming and grinding my face on the concrete ground caused me a lot of pain. I felt and heard cracking coming from my mouth as this assault continued. I became very worried that my front teeth were braking.

At this time i heard C/O Benavidez tell inmate Villarreal “don't worry, you didn't do anything. Stand against the wall Nino”. C/O Benavidez then put handcuffs on my wrist as I lied underneath him.

I was then escorted to DSU. Once there a nurse came to give me a check up. She asked me if I had any medical issues? I said “yeah, I’m pretty sure that my Tooth is broken”. I could feel it loose and wobbling around in my mouth along with constant pain.

The nurse then asked me to open my mouth and said “let me see”. She then said “let me see you move the tooth”. I refused afraid that I might cause further damage and have the tooth fall out. Upon my refusal the nurse turned abruptly and said to the DSU intake officer “he has no medical issues”.

I was then Photographed and escorted back to my previous DSU cell that I shared with Dakota Miars. During the walk to the DSU cell an officer that was behind me said “you know why he went hard on you, right? Cause there’s no cameras in the clothing room”. This was in obvious reference to the incident that just happened.

Locked back in the cell with Dakota Miars, Dakota said “Damn bro your face is starting to swell up”. This was in reference to my left side cheek and eyebrow. I told Dakota that C/O Benavidez also broke my tooth, which is a dental implant, while wearing my mouth guard. The tooth was getting more and more loose every time my tongue seem to touch it and I showed my cellmate this, accidentally, by touching it with my finger. This caused me to worry greatly about all the implications, including, that the implant might be loose from the bone, to what was going to happen to my gum line. The anxiety of how I was going to contact a dentist from the hole was overwhelming.

After being in my DSU cell for over an hour the pain in my jaw was becoming unbearable and very hard to stand. I and my cellmate then yelled for officer assistance in hopes of getting me some real medical attention (i.e. dental). After approximately five minutes of repeated calling, an officer came down the tier to see what we wanted. I told him that I was in serious pain and needed to see to see a dentist. He promised me that he would see what he could do . He never returned. After another hour or so of waiting, my cellmate took it upon himself to call for medical attention for me. Eventually a different officer responded and told me that he would call the nurse. Approximately three hours later a nurse came to give my cellmate his scheduled medication an I took the opportunity to tell her about my issue. The nurse told me to fill out an inmate communication form (AKA kyte) to dental, but also said that she would send the OSCI dentist a referral for me.

Approximately one day passed and I asked Dakota Miars to write me an affidavit documenting my injuries. Dakota then wrote said affidavit an I sent it to my mom who lives in Arizona for safe keeping.

On August 8/ 2018 I saw the Institution dentist at OSCI. The dentist told me after taking a X-ray that there was some dark spots around the implant, but he assumed that the post was what was broken. He told me that I would need to seek outside care to fix my tooth and that he would start the necessary process on the institutions end. Before I left I told him about my pain and also worry about my gum line. He responded by saying that the pain was normal considering that I had been slammed on my face and that it was a

common thing to loose gum line after an injury, but he could not fix it. That would take a specialist.

Some days Later C/O Benavidez was Working in DSU. During lunch time meal tray pick up he stopped at my cell and said to my cellmate Dakota Miars, who was handing him out our trays, "don't you know the average person has thirty two teeth in their head". C/O Benavidez then snickered and walked off. My cellmate knew that this was the officer that broke my tooth and that C/O Benavidez was trying to further torment me about the incident. Dakota Miars then wrote me another affidavit on C/O Benavidez's comment. I took said affidavit and sent it to my mom in Arizona for safe keeping.

On August 22/ 2018 I was transferred to Snake River Correctional Institution DSU.

On August 27/ 2018 I saw the dentist at SRCI. The SRCI dentist told me that my implant tooth and surrounding bone had taken more damage than eluded to by the dentist at at OSCI. I told the the SRCI dentist that the OSCI dentist had said that it was probably the post that was broken. The SRCI dentist replied by saying " I'm not going to to lie to you and tell you what you want to hear, I'm going to tell you the truth". He then went on to explain to me that I had sustained damage to the surrounding bone, causing the implanted screw that is embedded in my bone to come loose. He also said that in his opinion this damage was irreparable because of the lack of bone to anchor to. He started the process so my family could purchase outside care for me at this time.

On approximately September 5/ 2018 the tooth fell out exposing the broken dental hardware under the crown.

CLAIM II

Upon information and belief my 8th amendment right to be free from cruel and unusual punishment was violated by Mr. Garret Laney, superintendent at Oregon state Correctional institution.

SUPPORTING FACTS:

While recounting the incident described in claim one with my cellmate Dakota Miars, while in DSU at OSCI, Dakota Miars alerted me to another assault that C/O Benavidez had allegedly perpetrated. This assault allegedly involved another officer John Doe AKA C/O Cornell. It is my belief at this time that C/O Benavidez was administratively investigated for this assault. It is my assertion that Superintendent Garret Laney knew about C/O Benavidez's propensity for inappropriate an assaultive behavior, but still chose to employ C/O Benavidez and therefore, gave rise and opportunity to a cruel environment for me, where I was unusually punished. This egregious negligence caused me bodily harm in the braking of my front tooth (i.e. A dental implant).

V. RELIEF.

V. RELIEF.

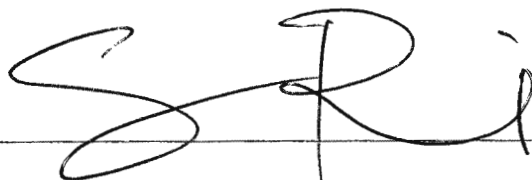
I respectfully request that this court grant me:

- \$ 15000 in compensatory damages.
- \$ 15000 in punitive damages.
- Order the defendants to pay reasonable cost for court fees incurred on my behalf.

I declare under penalty of perjury that the above information true and correct.

12-10-18

DATE


SIGNATURE OF APPLICANT

STEVEN AMIR PARSI

PRINTED NAME OF APPLICANT

JS 44 (Rev. 09/11)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

STEVEN AMIR PARSİ

DEFENDANTS BENAVIDEZ,
GARRET LANEY.

(b) County of Residence of First Listed Plaintiff MALHEUR

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant MARION

(IN U.S. PLAINTIFF CASES ONLY)

NOTE:

IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

PRO SE PLAINTIFF

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 153 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions		

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing. (Do not cite jurisdictional statutes unless diversity):

42 USC SECTION 1983

Brief description of cause:

WILSON Use Of Force By Prison Official On Plaintiff.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$ 30,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

12-10-18

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

Form 39.030

Case Name: Parsi v. Benavidez et al
Case Number: 2:18-cv-01970-AC

EXHIBITS:

1. Broken tooth (photo copy).
2. Cracked Mouth guard (photo copy).
3. Cracked Mouth guard (photo copy).
4. Institutional Grievance (2 pages).
5. Grievance response
6. Health care request for broken tooth while at OSCI.
7. Affidavit made by Dakota Miars on 8/9/18
8. Affidavit made by Dakota Miars on 8/13/18
9. Misconduct report written by C/O Benavidez stating that he assisted me to the ground after I was compliant to his verbal order. (This is when I sustained injury).

EXHIBT # 1



EXHIBIT #2



EXHIBIT #3



EXHIBIT # 4

Grievance # OSCI-2018-09-009
Staff Use Only

GRIEVANCE FORM

Inmate: PARSI STEVEN 15750622 DSU-B-5B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
☐ The lack of an administrative directive or operational procedure
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
☐ Any oversight or error affecting an inmate
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 8/6/18 (OSCI)

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

RAKE & ALSO BUMPS & BRUISES TO FORM ON MY HEAD. THIS INCIDENT IS STILL PHYSICALLY PAINFUL TO ME. I AM NOW WORRIED ABOUT UNREPAIRABLE DAMAGE TO MY GUMLINE & FUTURE EXPENSE FOR OUTSIDE DENTAL COST. (THE DENTIST AT OSCI SAID THAT HE COULDN'T FIX IT.) I WOULD LIKE MY DSU CELLMATE AT OSCI DAKOTA MIARS QUESTIONED AS TO MY GENERAL CONDITION WHEN I LEFT OUR CELL (BEFORE THE INCIDENT) & WHAT INJURIES I HAD SUSTAINED BY THE TIME I RETURNED (15 MINUTES LATER). ALSO I WOULD LIKE AIC DAKOTA MIARS QUESTIONED SO HE CAN WITNESS TO THE HARRASSMENT I HAD TO ENDURE AS OFFICER BIENVINIDEZ WORKED IN THE TOILET & MADE COMMENTS SUCH AS "A NORMAL PERSON HAS 32 TEETH IN HIS HEAD." THIS I BELIEVE SHOWS BIENVINIDEZ'S PRIDE IN HIS PHYSICALLY ASSAULTIVE ACTIONS WHILE ALSO DISPLAYING LACK OF NATURAL DECENTY, AND UNCARING ATTITUDE FOR FOLLOWING PROCEDURE (I.E. OAR USE OF FORCE STANDARD).

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

TO RESOLVE THIS GRIEVANCE I WOULD NEED TO BE SENT TO MY OUTSIDE DENTIST "DR HAMMER OF TODAY'S DENTISTRY". WANDA FOR REPAIR & ALSO GIVEN CONSULTATION & REPAIR OF MY GUMLINE FROM A PERIODONTIST. THE COST OF TRANSPORT & REPAIR FOR THESE TRIPS WOULD NEED TO BE COVERED EITHER BY ODOC OR OFFICER BIENVINIDEZ. THESE REPAIRS WOULD ALSO NEED TO BE MADE IN A TIMELY MANNER (BY 10/1).

8/26/18
Date

S.R.J.
Inmate Signature

Distribution:
 White (Original grievance form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)
 Goldenrod (Inmate copy)

PG 2 of 2

For grievance information see back page

Receiving Facility
 (if not processing facility)

Date Stamp

Received at Processing Facility

Date Stamp

EXHIBIT # 4

Grievance # OSCI-2018-09-009

Staff Use Only

GRIEVANCE FORM

Inmate: PARSI STEVEN 15750622 DSU-B-5B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- ☒ Misapplication of any administrative directive or operational procedure
☐ The lack of an administrative directive or operational procedure
☒ Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
☐ Any oversight or error affecting an inmate
☐ A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
☐ The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
☐ Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 8/6/18 (OSCI)

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

ON 8/6/18 WHILE IN COMPLIANCE TO A DIRECT VERBAL ORDER TO "STOP FIGHTING & FACE THE WALL" MADE BY OSCI CORRECTIONAL OFFICER BIENVINIDEZ I WAS GRABBED FROM BEHIND, SLAMMED ON MY FACE, & THEN GRINDED BY WHAT I ASSUME WAS OFFICER BIENVINIDEZ'S FOREARM TO THE BACK OF MY HEAD SO THAT MY MOUTH & FACE WAS FURTHER SMASHED AGONIZINGLY INTO THE GROUND. THIS HAPPENED AS I LAYED PRONE ON MY STOMACHE, SAYING NOTHING, & PUTTING UP NO RESISTANCE. THIS WANTON USE OF FORCE IS STATED "I ASSISTED THE INMATE TO THE GROUND" BY OFFICER BIENVINIDEZ IN MISCONDUCT REPORT #1808 OSCI 0012 OSCI 34. THIS APPLICATION OF WANTON FORCE HAPPENS AFTER HE STATES THAT I HAD ALREADY COMPLIED TO HIS VERBAL ORDER (SAME MISCONDUCT REPORT). THESE ACTION BY OFFICER BIENVINIDEZ CAUSED MY DENTAL IMPLANTED TOOTH TO

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

* NOTE: OFFICER BIENVINIDEZ'S NAME MIGHT BE SPELT WRONG. I DO NOT HAVE ACCESS TO HIS NAME AT THIS TIME. HE IS THE SUBMITTING OFFICER TO DR # 1808 OSCI 0012 OSCI 34

8/26/18
Date

S-Ri
Inmate Signature

Distribution:
 White (Original grievance form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)
 Goldenrod (Inmate copy)

Received by SRCI
 Grievance Processing

SEP 18 2018

Sent to _____

Receiving Facility
 (if not processing facility)

Date Stamp

Received at Processing Facility

Received by SRCI
 Grievance Processing

AUG 28 2018

Sent to OSCI
 Date Stamp

For grievance information see back page



EXHIBIT 5

Oregon Department of Corrections (ODOC)

Oregon State Correctional Institution Returned Grievance Form

To: Parsi, Steven
From: Corrigan, R

SID #: 15750622
Date: 09/07/2018

Cell: SRCI:DSB05B

Re: Non-Medical# OSCI_2018_09_009

The grievance you submitted is being returned to you due to non-compliance with the Department of Corrections (DOC) Rule #109 (Grievance Review System) for the following reason(s):

Misconduct reports, investigations leading to or arising from misconduct reports, disciplinary hearings, findings, sanctions

A grievance that has been returned to the inmate by the grievance coordinator for procedural reason cannot be appealed.

If you have any questions regarding grievances, please refer to the Department of Corrections Administrative Rule "Inmate Communication and Grievance Review System" tab #109 located in the Legal Library.

Received by SRCI
Grievance Processing

SEP 18 2018

Sent to _____

NON-EMERGENCY HEALTH CARE REQUEST

STEVEN PARSI **15750622** **DS-21B** **8-6-18**
 Name State ID# Housing Date
EXHIBIT 6

Medications:

- ☐ I have not received my prescription
☐ My prescription is about to expire
☐ My prescription is not helping

Glasses

- ☐ Eye exam for glasses
☐ Repair

Vaccines

- ☐ Hepatitis A/B
☐ Flu
☐ Pneumonia
☐ Shingles
☐ HIV Test
☐ Hepatitis C Test

Other Function

- ☐ BP check
☐ Test result request
☐ Is my appointment still scheduled?
☐ Other issues – not sick:

DENTAL.

Health Care request, issue, concern, or sickness:

I HAVE AN EMERGENCY DENTAL ISSUE.

I WAS IN AN ALTERCATION & WAS SLAMMED ON MY FACE & BROKE A DENTAL IMPLANT & NOW MY FACE IS IN REAL PAIN IN THAT AREA.

THIS INCIDENT HAPPENED TODAY 8-6-18

Received

AUG 07 2018

We have taken the following actions in response to your health service request:

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

Scheduled Wed.

Responder's Signature:

[Signature]

Date:

8/18/18

(AFFIDAVIT)

EXHIBIT #7

I, DAKOTA T MIARS, Being of sound mind do swear to the following facts. On 8-6-18 my cellmate STEVEN PERSI 15750622 of 9 days was released from the hole. Steven was gone for 15-20 minutes before coming back to my cell in DS4. I asked him what happened & he said that he had gotten into an altercation w/ another Dude in the clothing room. At this time I noticed that Steven had a lump rising above his left eyebrow and also one on his left cheek below his eye. Steven complained to me that his front tooth was broken in which I asked to see it. I looked at his tooth & he touched the tooth & it moved when he touched it. Steven asked me to please yell for medical assistance because his mouth was in pain. which I did yell for assistance. When waiting for somebody to come to our cell Steven told me that after the fight, he was standing facing the wall as the CO. ordered. The same guard grabbed him from behind and slammed his face first into the ground & that is where he had gotten his injuries from. eventually the guard(s) came to our cell-DS4-21- for medical attention. The guard told Steven that medical had been notified. Steven was seen two days later for his injuries by Dental staff.

Signed: DAKOTA MIARS 8-9-1

8-13-18

(AFFIDAVIT) EXHIBIT
#8

I, DAKOTA T. MIAIS #17966622, AM
 WRITING THIS IN REGARDS TO A
 COMMENT THAT STATED THE FOLLOWING:-
 "DID YOU KNOW THAT THE ALPRAGE ~~WENT~~
 HAS 32 TEETH IN THEIR MOUTH?" THIS WAS
 SAID BY OREGON STATE CONSTITUTIONAL OFFICER
 BENIVEDIS. THAT STATEMENT MADE
 ME THINK THAT THE COMMENT WAS
 DIRECTED TO MY CELLMATE STEVEN PARRI #15750622
 WHO HAD HIS FACE "BOUNCED" OFF THE
 GROUND ~~WAS~~ BY CO BENIVEDIS. THIS
 REFERS STEVEN'S TEETH TO BE BROKEN.

Signed Dakota Miais

8-13-18 6:00 P.M.

OREGON DEPARTMENT OF CORRECTIONS **MISCONDUCT REPORT**

EXHIBIT
#9

CASE #:

INMATE NAME: Parsi, Steven

SID#: 15750622

HOUSING: DS-21B

ASGNMT:

FACILITY: OSCI

DATE: 8-6-2018

TIME: 10:30AM

LOCATION OF VIOLATION:

Charge(s) WRITE IN THE APPROPRIATE RULE(s)

2.05.3	Inmate Assault I	Major	4.45	Unauthorized Org. I	Major
Rule #	Title of Rule	Major/Minor	Rule #	Title of Rule	Major/Minor
Rule #	Title of Rule	Major/Minor	Rule #	Title of Rule	Major/Minor
Rule #	Title of Rule	Major/Minor	Rule #	Title of Rule	Major/Minor

NARRATIVE OF VIOLATION (Explain how the facts were discovered/learned and who, what when, where and how):

On the above date and time I was talking to Inmate Villarreal, Marco #14431659 in the clothing room at the officer's area. Inmate Parsi, Steven #15750622 came into the clothing room a few minutes earlier to get dressed in because he had just been released from DSU. I was mid conversation with Inmate Villarreal and that is when Inmate Parsi yelled "South Side. Inmate Parsi is a documented gang member (South Side Sureno) on the DOC400. When Inmate Parsi started attacking Inmate Villarreal, I called for assistance in the clothing room. After I called for assistance I came towards the fight and told Inmate Parsi to stop fighting. Inmate Parsi stopped fighting and I assisted him to the ground and waited for assistance. Corporal Rodriguez arrived and helped me detain both inmates. Other staff members arrived shortly after that and both inmates were escorted to DSU.

Inmate Parsi attacked Inmate Villarreal with approximately 8 inmate workers in the clothing room present. This unilateral attack on another inmate creates a threat to the safety, security, or orderly operation to the facility.

DISPOSITION OF PHYSICAL EVIDENCE: N/A

STAFF WITNESSES: N/A

IMMEDIATE ACTION TAKEN: Inmate taken to DSU and DR was written.

SUBMITTED BY: C/O Benavidez TIME: 9:00

am/pm

DATE: 8/7/2018

SIGNATURE: Benavidez TITLE:

REVIEWING SUPERVISOR: W. Fanger

TIME: 10:45 am/pm

DATE: 08/07/2018

SIGNATURE: W. Fanger TITLE:

***** PLACED IN HOLDING STATUS *****

As Officer-in-Charge, I have reviewed the foregoing "Report of Misconduct" and find that the rule violation(s) is/are of such a serious nature that the good order and security of the facility require immediate removal of the inmate and placement in segregation status because: Inmates actions required DSU placement

Placed in segregation by: W. Fanger

TIME: 10:45 am/pm

DATE: 08/07/2018

PRINTED NAME:

SIGNATURE: W. Fanger TITLE:

Pre-hearing segregation approved: _____

Denied: _____ Release Ordered: _____

PRINTED NAME:

SIGNATURE: _____ TITLE:

Inmate copy delivered by (print): Eames

Signature: AW

Title: Cpl

Time/Date Served: 5:30pm 8-6-18